

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/506962

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	DDA	DER	DDA	DER	DDA	DER		DDA	DER	DDA	DER	DDA	DER
1							51						
2							52						
3							53						
4							54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL DDA	2		2				TOTAL DDA						
TOTAL DER	10		10				TOTAL DER						
TOTAL CLAIMS	12						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS